

PCTWORLD INTELLECTUAL PROPERTY ORGANIZATION
International Bureau

INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification ⁷ : A61K 31/47, 31/44	A1	(11) International Publication Number: WO 00/44381 (43) International Publication Date: 3 August 2000 (03.08.00)
(21) International Application Number: PCT/US00/01760 (22) International Filing Date: 24 January 2000 (24.01.00) (30) Priority Data: 09/239,211 28 January 1999 (28.01.99) US (71)(72) Applicant and Inventor: MARGOLIN, Solomon, B. [US/US]; 6723 Desco Drive, Dallas, TX 75225 (US). (74) Agent: CROZIER, John, H.; 1934 Huntington Turnpike, Trumbull, CT 06611-5116 (US).		(81) Designated States: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, ARIPO patent (GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG). Published <i>With international search report. Before the expiration of the time limit for amending the claims and to be republished in the event of the receipt of amendments.</i>
(54) Title: TREATMENT OF LYMPHOMAS, LEUKEMIAS, AND LEIOMYOMAS (57) Abstract In a preferred embodiment, drugs having chemotherapeutic properties which are useful against certain neoplastic disorders with wide safety margins as evidenced by their low toxicity, and molecular actions. Such drugs include as active ingredient(s) one or more N-substituted 2-(1H) pyridone(s) and/or N-substituted 3-(1H) pyridone(s). The compositions of this invention are novel as anti-neoplastic drugs, namely as an agent for treating leukemias, lymphomas, and leiomyomas.		

BEST AVAILABLE COPY

FOR THE PURPOSES OF INFORMATION ONLY

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AL	Albania	ES	Spain	LS	Lesotho	SI	Slovenia
AM	Armenia	FI	Finland	LT	Lithuania	SK	Slovakia
AT	Austria	FR	France	LU	Luxembourg	SN	Senegal
AU	Australia	GA	Gabon	LV	Latvia	SZ	Swaziland
AZ	Azerbaijan	GB	United Kingdom	MC	Monaco	TD	Chad
BA	Bosnia and Herzegovina	GE	Georgia	MD	Republic of Moldova	TG	Togo
BB	Barbados	GH	Ghana	MG	Madagascar	TJ	Tajikistan
BE	Belgium	GN	Guinea	MK	The former Yugoslav Republic of Macedonia	TM	Turkmenistan
BF	Burkina Faso	GR	Greece	ML	Mali	TR	Turkey
BG	Bulgaria	HU	Hungary	MN	Mongolia	TT	Trinidad and Tobago
BJ	Benin	IE	Ireland	MR	Mauritania	UA	Ukraine
BR	Brazil	IL	Israel	MW	Malawi	UG	Uganda
BY	Belarus	IS	Iceland	MX	Mexico	US	United States of America
CA	Canada	IT	Italy	NE	Niger	UZ	Uzbekistan
CF	Central African Republic	JP	Japan	NL	Netherlands	VN	Viet Nam
CG	Congo	KE	Kenya	NO	Norway	YU	Yugoslavia
CH	Switzerland	KG	Kyrgyzstan	NZ	New Zealand	ZW	Zimbabwe
CI	Côte d'Ivoire	KP	Democratic People's Republic of Korea	PL	Poland		
CM	Cameroon	KR	Republic of Korea	PT	Portugal		
CN	China	KZ	Kazakhstan	RO	Romania		
CU	Cuba	LC	Saint Lucia	RU	Russian Federation		
CZ	Czech Republic	LI	Liechtenstein	SD	Sudan		
DE	Germany	LK	Sri Lanka	SE	Sweden		
DK	Denmark	LR	Liberia	SG	Singapore		
EE	Estonia						

Description

Treatment of Lymphomas, Leukemias, and Leiomyomas

5 Technical Field

The present invention relates to medical compositions and methods for the chemotherapeutic treatment of lymphomas, leukemias, and leiomyomas generally and, more particularly, to compositions
10 comprising one or more N-substituted 2(1H) pyridones and/or one or more N-substituted 3(1H) pyridones as active ingredient(s). The selected compounds may be used alone or as an adjunct to other forms of neoplastic therapy including surgery, other chemotherapeutic
15 compounds, radiation therapy, and immunotherapeutic agents.

Background Art

The causes of leukemias and leiomyomas are poorly
20 understood, are complex, and involve interplay between the basic genetic material in the nucleus of cells. An abnormal reaction of cellular generic DNA to internal or external factors can create a new deviation in the cell genetic code, or in the genetic DNA generated
25 communication proteins which creates neoplastic perturbations in the transcription process governing the specific cell cycle stages of otherwise normal cell division, and proliferation.

Cell proliferation is defined as the increase in
30 number of cells resulting from completion of the cell cycle, as contrast to growth, which is the increase in the individual cell mass.

Extracellular or intracellular factors can determine whether a quiescent cell will begin to proliferate and
35 also whether a normal proliferating cell in phase G1 will begin to cycle or will revert to quiescence. After cells

enter into the S phase, cell-cycle events become largely independent of prior extracellular factors., while they go on to divide and produce two daughter cells.

Among the carcinogenic factors of external origin, acting internally, are physical carcinogens such as ionizing or ultraviolet radiation, and the presence of foreign substances such as asbestos. Carcinogenic substances acting internally include various chemicals, natural or man-made, which can effect directly or indirectly cell DNA to elicit intracellular oncogenic events. In addition biological substances such as bacteria, viruses, parasites, hormones and cytokines have been implicated in mammalian carcinogenesis.

In lymphomas, leukemias and leiomyomas, the control of proliferation is deranged. After induction of altered proliferation control, deranged cell differentiation is initiated in phase G1, and is a hallmark of neoplastic cells (Pardee. A.B., Science, November 3, 1989, p.603).

Neoplasms are manifest when the normal progression of the orderly relationship between cell division and cell differentiation malfunctions. With the usual cell division sequence in normal cells, the proliferation of cells is restricted to non-differentiated stem cells which ordinarily differentiate and reproduce to provide a replacement for aged dying cells.

Neoplasms arising from lympho-hematopoietic origin may be identified as leukemias, lymphomas, leiomyomas, etc.

The term "anti-neoplastic" or "anti-tumor" refers herein to the (a) chemotherapeutic inhibition or arrest of the growth, and (b) the destruction of mammalian benign, or malignant tissues such as leukemias, lymphomas, and leiomyomas found in various organs and tissues of the body.

Although most tissues and organs of the human body may become neoplastic, the basic processes leading to

diverse tumors appear to be quite similar. Normal cells proliferate or reproduce in rigorous compliance with programmed guidance from parental or adjacent cells. Such unceasing, disciplined instruction ensures that each
5 tissue maintains a size, architecture and function appropriate to the body's needs.

Neoplastic cells, in distinct contrast, become unresponsive to the usual controls of parental or adjacent cells with respect to proliferation,
10 architecture and/or function. These neoplastic cells frequently (a) migrate from the site where they began, (b) invade nearby tissues, and (c) travel through the blood and lymphatic circulatory systems to form neoplastic lesions at distant sites in the body. These
15 lesions become lethal when they disrupt the normal function of other tissues or organs essential for the patient survival.

Multiple genetic changes occur during the transformation of normal cells into neoplastic cells.
20 This is facilitated in neoplastic cells by loss of fidelity in the processes that replicate, repair, and segregate the genome structure. Advances in our understanding of the cell cycle reveal how fidelity is normally achieved by the coordinated activity of cyclin-
25 dependent kinases, checkpoint controls, and repair pathways, and how this fidelity can be abrogated by specific genetic changes. The recognition of molecular mechanisms for cellular transformation may help identify the mechanisms by which chemotherapeutic compounds are
30 useful in the treatment of neoplastic diseases (Hartwell, L. and Kasten, M., 1994, Science, 266:1821-1828).

Control systems enforcing interdependency in the cell cycle are called "checkpoints." Elimination of checkpoints can result in cell death, infidelity in the
35 distribution chromosomes or other cellular organelles, or increased susceptibility to external perturbations such

as DNA damaging agents. Such perturbations can result in neoplastic transformation of cells and tissues (Hartwell, L. and Weinert, T., 1989, Science, 246:629-634).

5 The cell-type-specific expression of most genes is determined at the transcription level. Transcription factors are involved in the control of the process. To understand the basis of this regulation, it has become important to analyze the control of transcription factors themselves. A variety of transcriptional, translational, 10 and post-translational mechanisms have been described. The most direct way for a cell to regulate the abundance of a factor is to adjust the production of the mRNA encoding it. Thus far, the control of many cell-type and tissue-specific transcription factors has been found to occur at the transcription level (Falvey, E., and 15 Schibler, U., FASEB J., 1991, 5:309-314).

Recent studies indicate that extracellular signals often effect cell proliferation and differentiation by modulating intracellular transcription factor activity 20 via protein phosphorylation cascades, which involves the transduction systems used to transmit information (signals) from the cell surface to the transcription machinery of the cell nucleus (Karin, M., 1992, FASEB J. 6:2581-2590).

25 Cell nuclear transcription factors regulate tissue and stimulus-specific gene expression through their ability to integrate extracellular signals at the nucleus. Several human diseases, including neoplasias, cardiovascular disease, and neurological and autoimmune disorders, result from aberrations in the expression of 30 genes regulated by these transcription factors (Manning, A. Gonzales, R., and Bennett, B., Expert Opin. Ther. Pat., 1997, 7:225-231).

Normally, the body's tissues prevent excessive 35 proliferation of cells by depriving them of excessive amounts of growth-stimulating factors, or by flooding the

cells with antiproliferative factors derived from adjacent or parental cells which block the actions of the growth stimulating factors.

Certain cellular proteins, through their intrinsic
5 ability to regulate a host of other genes involved in the control of cell proliferation, can reorganize and redirect a cell's normal or abnormal fate. Thus, the loss of these growth controlling genes by deletion or mutation is a common occurrence in neoplasias (Lozano, G.
10 and Hulboy, D.L., Methods (San Diego) 1995, 8:215-224.)

Some cell cycle derangements stem from extracellular influences. Many neoplasia causing oncogenes, for example, turn out to encode components of the pathways through which various growth factor signals feed into the
15 cell cycle to stimulate cell division. This is an important demonstration that the protein encoded by the p53 tumor suppresser gene inhibits cell growth by turning on the production of a specialized protein that blocks the cell cycle. The intracellular gene encoding one
20 component of the cell cycle machinery, a protein called cyclin D1, as well as several others, are oncogene candidates. A significant amount of experimental evidence indicates that excess cyclin D1 causes neoplasias, but additional data suggest that several gene changes are
25 implicated in the transformation of normal cells into a neoplastic configuration. For example, a hallmark of normal healthy cells is their ability to differentiate, but neoplastic cells cannot differentiate due the blockade of this response via the combined action of
30 cyclins D2 and D3 (Marx, J., 1994, Science, 263:319-321).

Other recent data strongly suggest that deregulation of the restriction checkpoints in the cell-cycle G-1 phase is required for the transition to neoplastic disarray as seen in neoplasias (Strauss, M.; Lucas, J.;
35 Bartek, J. Nat. Med. (N.Y.), 1995 1:1245-1246).

Mitogenic stimulation of normal cells initiates a sequence of events leading to activation of cyclin-dependent kinases, phosphorylation of Rb, and subsequent entry into of the cell into the S phase. Many types of neoplasms have lost sensitivity to the growth-inhibitory actions of TGF-beta-1, and this may derive from dysregulated expression of cyclin, cdk, and cdk inhibitor genes (Satterwhite, D. and Moses, H., 1994-1995 (Publ. 1995), Invasion Metastasis, 14:309-318).

Large T-antigen expression in human fibroblasts selectively uncouples cyclin D1 from cdk4, and subsequent immortalization of these cells results in additional changes in the cyclin D-dependent cell cycle regulatory pathways (Peterson, S. et al., 1995, Cancer Res., 55:4651-4657).

Representative Neoplasms of the Immune System

Each neoplasm of the immune system exhibits a distinct clinical and pathologic character, yet these disorders share a number of common features. Systemic symptoms of fever, night sweats, and weight loss may be present and are associated with advanced stages of the disease. These tumors usually appear in one or more organs of the hematopoietic system (lymph nodes, spleen, liver, bone marrow). If untreated, fatal dissemination to all of these organs, as well as other sites occurs.

Chronic myeloid leukemia (CML) usually presents clinically in a chronic phase of variable duration, after which a fatal condition similar to acute leukemia (blast crisis) develops. The problem of initial therapy for chronic phase CML is that current conventional therapy offers little chance of long-term survival of the patient with no chance of cure, whereas an agent that offers superior survival and a chance of cure is very toxic and expensive (Kattan, M., et al., Ann. Intern. Med., 1996; 125:541-548).

The disease is characterized by overproduction of granulocytic cells (especially neutrophilic types), leading to marked splenomegaly, and very high white blood cell counts. Rises in basophils and thrombocytosis occur frequently.

Inhibition of proliferation by pirfenidone of human uterine leiomyomas or fibroid cells in vitro. According to the literature, leiomyomas are the most common pelvic tumors in women with a reported incidence of 20% or more (Merrill, J., Creasman, W. 1990, "Danforth's Obstetrics and Gynecology," Scott, J., et al., eds., 6th edition. Philadelphia. Lippincott.pp.1023-1039). Most common symptoms associated with these benign tumors are excessive abnormal uterine bleeding, pelvic pain, infertility and increased urinary frequency. Consequently, the presence of leiomyomas is the leading cause for hysterectomy in the United States (Wilcox, L. et al., 1994, Hysterectomy in the United States, 1990, Obstet. Gynecol. 83:549-555).

The majority of chemotherapeutic neoplasia agents in current clinical practice are toxic compounds and exert their greatest anti-neoplasia effect when employed at the maximum tolerated dose. With these chemotherapeutic agents, toxic actions to normal tissue can greatly limit the amount that can be safely administered. To date, the most commonly utilized agents are only partially selective in their toxicity. Thus, they are damaging to both normal and neoplastic cells. These agents disrupt major intracellular systems such as DNA synthesis and essential enzymes systems. Nevertheless treatment of neoplastic disease is predicated on exploiting the small differences between healthy normal cells and neoplastic cells.

Accordingly, it is a principal object of the present invention to provide compositions for the inhibition or arrest of the growth or for the destruction of mammalian

benign and malignant tumors lymphomas, leiomyomas, and leukemias.

It is a further object of the present invention to provide such compositions that provide a means of (1) 5 arresting the proliferation of and (2) then killing the abnormal cells of neoplastic tissue without serious or fatal injury to healthy normal cells and tissues.

It is an additional object of the invention to provide such compositions that comprise one or more N- 10 substituted 1-(1H) pyridone(s) and/or N-substituted 3-(1H) pyridone(s) as active anti-tumor ingredient(s).

Other objects of the present invention, as well as particular features and advantages thereof, will be elucidated in, or be apparent from, the following 15 descriptions.

Disclosure of Invention

The present invention achieves the above objects, among others, and overcomes the limitations of the prior 20 art by providing, in a preferred embodiment, drugs having chemotherapeutic properties which are useful against certain neoplastic disorders with wide safety margins as evidenced by their low toxicity, and molecular actions. Such drugs include as active ingredient(s) one or more N- 25 substituted 2-(1H) pyridone(s) and/or N-substituted 3-(1H) pyridone(s). The compositions of this invention are novel as anti-neoplastic drugs, namely as an agent for treating leukemias, lymphomas, and leiomyomas.

30 Brief Description of Drawings

Figure 1 is a bar graph showing the inhibition by pirfenidone of the proliferation of human pro-myelocytic leukemia cells.

Figure 2 is a bar graph showing the inhibition by 35 prifenidone of human T-cell leukemia cells.

Figure 3 is a bar graph showing the inhibition by pirfenidone of proliferation of human Burkitt's lymphoma cells.

Figure 4 is a bar graph showing the inhibition by
5 pirfenidone of human leiomyoma cells.

Best Mode for Carrying Out the Invention

Methods for Evaluating Anti-Cancer Agents in the Present Invention

10 All-trans-retinoic acid is known to specifically induce fresh human promyelocytic leukemia cells (AML3) to differentiate in vitro to mature functional granulocytes which lose their self-renewal potency and spontaneously die. These results were confirmed in vivo: AML-3
15 patients treated with oral all-trans retinoic acid alone achieve complete remission (Chomienne, Ch., "Retinoids: Basic Sci. Clin. Appl.," 1994, p.233-241. Edited by Livrea and Vidali, Birkhaeuser, Basel, Switzerland).

Evidence that in vitro prednisolone resistance is of
20 prognostic value in childhood acute lymphoblastic leukemia (ALL) was explored further in adult ALL leukemia. Blast cells from 30 patients were exposed to prednisolone (PDN) (0.1 microMol to 35 microMol), and cytotoxicity was assayed colorimetrically with soluble
25 tetrazolium formazan (2,3 bis (2-methoxy-4-nitro-5-sulfophenyl)-5-[(phenylamino)carbonyl]-2H-tetrazolium hydroxide, XTT). The IC50 varied greatly among samples, from 0.3 microMol to >35 microMol. 15 microMol was subsequently chosen as IC50 cutoff between in vitro
30 resistant and sensitive cases. By regression analysis, PDN-induced cytotoxicity was found to be significantly related to apoptosis. However, correlation with clinical symptoms was not demonstrated. Nevertheless, disease free survival was significantly better in sensitive
35 patients (Tosi, P. et al., Eur. J. Haematology, 1996, 52:134-141.)

Chronic lymphocytic leukemia (CLL) is characterized by delayed senescence and a slow accumulation of small lymphocytes. Elevated cytokine levels have been detected in urine from patients with a variety of neoplastic diseases including various leukemias. The source of the elevated levels of cytokine has not been determined. In the present study, the intracellular cytokine level in lymphocytes from 36 patients with B-CLL and 15 normal donors was determined using an enzyme-lined immunoassay. In cells derived from patients with high risk disease, the median level of cytokine was 382 pg/ 200,000 cells compared to 91 pg/200,000 cells in patients with intermediate disease. In patients with low-risk disease, median cytokine level was 4.9 pg/200,000 cells, and in normal controls, it was 6.0 pg/200,000 cells. The respective differences were statistically significant (Menzel et al., Blood, 1996, 87:1056-1063).

In 1996, approximately 3,500 new cases (mostly children) of acute lymphoblastic leukemia (ALL) were diagnosed in the US. Current chemotherapy induces complete remission in many patients, but 20% suffer a critical relapse.

It has been discovered by the present inventor that pirfenidone and other N-substituted 2(1-H) pyridone compounds and N-substituted 3(1H) pyridone compounds have anti-tumor activity. Heretofore, before the discovery of the invention disclosed herein, no effective N-substituted pyridone agent or composition has been available for the inhibition and arrest of the growth, or for the destruction of mammalian benign or malignant tissues such as found in leukemias, lymphomas or leiomyomas.

The "anti-tumor" activity discovered by the present inventor and as used herein refers to the ability of an active substance to inhibit or arrest the life-threatening proliferation of neoplastic cells in

lymphatic or myelogenous leukemias, lymphomas, and leiomyomas.

Methods of preparation of some N-substituted 2(1-H) pyridones useful in the present invention are described in US Patent No. 3,839,346, issued October 1, 1974, to Gadekar, and titled N-SUBSTITUTED PYRIDONE AND GENERAL METHOD FOR PREPARING PYRIDONES, the disclosure of which is incorporated by reference hereto.

EXAMPLE I

10 Inhibition of proliferation by pirfenidone of human pro-myelocytic leukemia (HL-60) cells in vitro.

Pirfenidone was suspended in RPMI, 2.0% FBS, at 100 micrograms to 900 micrograms per ml, and one other culture served as a control. Five ml of each pirfenidone concentration, and of the control were placed into a T25 tissue culture flask along with 1×10^5 cells. Every day for 4 days an aliquote from each flask was taken out, then stained with Trypan Blue, and counts were repeated three times on each aliquote.

20 The inhibition of proliferation of HL-60 cells by pirfenidone was directly related to the graded concentrations of pirfenidone in the respective culture flasks. After 3 and 4 days at a concentration of 900 micrograms/ml, a 63% pharmacologic inhibition was maintained without causing a toxic death of the cells (see Figure 1). Inhibition of proliferation as well as deaths of almost all cells occur with pirfenidone concentrations at 1400 micrograms/ml.

EXAMPLE II

30 Inhibition of proliferation by pirfenidone of human T-cell leukemia (JURKAT) cells in vitro.

To determine the inhibitory effect of pirfenidone concentrations on human T-cell leukemia (JURKAT), a MTS assay was used which incorporates a tetrazolium dye that measures the cellular conversion of the dye into a

35

formazan product by the activation of NADH-generating dehydrogenases found in metabolically active cells.

Procedure:

1. 100 microl. of cells was seeded into 96 well plates at
5 1×10^5 cells/ml in media containing 100 mcg/ml, 300 mcg/ml
and 900 mcg/ml of pirfenidone, as well as a pirfenidone-
free media control.
2. Cells were incubated at 37 degrees C, at 5.0% CO₂ for
72 hours.
- 10 3. After incubation a standard curve was made of 100
microliters of cells added to the plate at 5×10^5 cells/ml
making 1:2 dilutions all the way down to a pre-set degree
of dilution.
4. 2.0 mls of the MTS solution was mixed with a 100
15 microliter of the PMS solution, and 20 microliters of
this combined dye solution was added to each well and
incubated at 37 degrees C, 5.0% CO₂ for 3 hours.
5. Subsequently the absorbance was read at 490 nm.

- Exposure for only 72 hours of human T-cell leukemia
20 (JURKAT) cells, at 900 mcg/ml of pirfenidone caused a
statistically significant 75% reduction in number of cell
which were active (75% no longer were able to
proliferate; Figure 2).

EXAMPLE III

- 25 Inhibition of proliferation by pirfenidone of human
Burkitt's lymphoma (RAJI) cells in vitro.

- To determine the inhibitory effect of pirfenidone
concentrations on Burkitt's lymphoma (RAJI) cells, a MTS
assay was used which incorporates a tetrazolium dye that
30 measures the cellular conversion of the dye into a
formazan product by the activation of NADH-generating
dehydrogenases found in metabolically active cells.

Procedure:

1. 100 microl. of cells was seeded into 96 well plates at
35 1×10^5 cells/ml in media containing 100 mcg/ml, 300 mcg/ml

and 900 mcg/ml of pirfenidone, as well as a pirfenidone-free media control.

2. Cells were incubated at 37 degrees C, at 5.0% CO₂ for 72 hours.

5 3. After incubation a standard curve was made of 100 microliters of cells added to the plate at 5X10⁵ cells/ml making 1:2 dilutions all the way down to a pre-set degree of dilution.

10 4. 2.0 mls of the MTS solution was mixed with a 100 microliter of the PMS solution, and 20 microliters of this combined dye solution was added to each well and incubated at 37 degrees C, 5.0% CO₂ for 3 hours.

5. Subsequently the absorbance was read at 490 nm.

15 Exposure for only 72 hours of these human Burkitt's lymphoma (RAJI) cells, at 900 mcg/ml of pirfenidone caused a statistically significant 45% reduction in number of cells which were active (45% no longer were able to proliferate; Figure 3).

EXAMPLE IV

20 Leiomyoma tissues were obtained from several premenopausal women with symptomatic uterine fibroids at elective hysterectomy, and who were not receiving any hormonal or other drug therapy. The fibroid tissues were minced into 1 - 2 mm\# explants and placed in suitable
25 DMEM supplemented with 10% bovine serum. The fibroid tissue was digested for 14 -18 hours at 37 degrees C in an incubator. After centrifugation, a resulting cell pellet was resuspended in DMEM and then placed in culture flasks. The cultures were maintained at 37 degrees
30 centigrade in a humidified atmosphere of 5% CO₂ and 95% air.

For determining cell proliferation utilizing tritiated thymidine incorporation as an assay, leiomyoma cells were cultured in 96-well plates (15,000 cells/well)
35 for 48 hours in DMEM plus 10.0% FBS serum. Cells were then made quiescent by culturing in DMEM plus 0.5% FBS

serum for 48 hours. These quiescent cells were washed, and then placed in DMEM plus 10.0% FBS serum containing graded concentrations of pirfenidone (10.0, 100, 300 and 1000 micrograms/ml). After 18 hours, the cells received 0.2 uCi/well of [3H]-thymidine, and the incubation was continued for 6 more hours. Subsequently, cells were harvested and counted in a beta-counter to the rate of incorporation of [3H]-thymidine. Results are summarized in Table 1.

TABLE 1
INHIBITION BY PIRFENIDONE
OF PROLIFERATION OF HUMAN LEIOMYOMA CELLS

PIRFENIDONE TREATMENT (CONC/ML)	CELL COUNTS (DAY 7) LEIOMYOMA	RECENT DEAD CELLS (DAY 7) LEIOMYOMA
0.0 MG	380,000	9.0
0.01 MG	315,000	8.0
0.1 MG	205,000	10.0
0.3 MG	170,000	6.0
1.0 MG	69,000	16.0

EXAMPLE V

Leiomyoma cells were plated in 100mm dishes (100,000 each dish) and allowed to attach overnight in DMEM plus 10% fetal bovine serum until they reached 80-90% confluence. The following day all cells received DMEM plus 10% fbs containing various concentrations of pirfenidone (0.0 micrograms, 100 micrograms, 300 micrograms or 1000 microgram/ml for seven (7) days. The

medium was changed with addition of fresh treatments on days 3 and 5. On day 7, cells were harvested and counted. Cell viability was assessed using the Trypan Blue exclusive stain. Results are displayed in Figure 4.

5 A significant inhibitory effect on proliferation was seen for leiomyoma cells exposed to graded concentrations of pirfenidone in the culture media (Figure 4). A significant increase in the percentage (16%) of dead leiomyoma cells was found at the 1000 micrograms/ml
10 concentration of pirfenidone (Table 1).

The data demonstrates the anti-tumor effect of leiomyomas indicate that pirfenidone will be useful in eliminating the most severe symptoms associated with leiomyoma tumors (excessive abnormal arterial bleeding,
15 pelvic pain, infertility and increased urinating frequency).

These compounds also can be employed in combination to enhance other types of therapy (surgery, radiation, immunotherapy or other chemotherapeutic compounds).
20 Another facet of the present invention is absence of any severely debilitating adverse effects. The absence of such severe toxic reactions reduces or eliminates the patient discomfort inherent in conventional treatments for neoplasias. The delivery method to patients being
25 treated may consist of oral, intramuscular or intravenous administration.

The N-substituted pyridones of the present invention pharmacologically arrest the proliferation of leukemias, lymphomas, or leiomyoma cells or tissue, at
30 concentrations that are 1/3rd - 1/10th that which is toxic or killing to these neoplastic cells. Accordingly, this invention characterizes a group of chemotherapeutic compounds which provide a means of (1) arresting the proliferation and (2) then destroying the malignant cells
35 by raising the pirfenidone concentration of the cell of tissue to the cytotoxic level or by adding another known

cytotoxic anti-neoplastic agent, the neoplastic cells can be destroyed or eradicated without serious or fatal injury to healthy normal cells and tissues.

These compounds also can be employed in combination to enhance other types of therapy (surgery, radiation, immunotherapy or other chemotherapeutic compounds).

Another facet of the present invention is absence of any severely debilitating generalized adverse effects. The absence of such severe toxic reactions reduces or eliminates the patient discomfort inherent in conventional neoplasia treatments.

The differences in the concentrations of pirfenidone which pharmacologically arrest the proliferation of neoplasia cells and the pirfenidone concentration which kills neoplasia cells affords a larger margin of safety for patients, (Raghu, G., et al., Amer. J. Resp. and Critical Care Med., 1997, Vol. 155:A741), and thereby distinctly reduces the incidence of serious adverse effects experienced by patients during treatment, as compared to treatment with currently conventional anti-neoplasia agents.

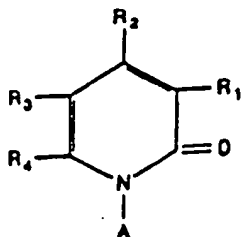
The intracellular action of pirfenidone in (1) arresting the proliferation and (2) subsequent destruction of the abnormal or neoplastic cells takes place in the cell nucleus and directly involves the signaling via the specific gene activated proteins (for example, p53, Rb, WT1, etc.) and ameliorating or blocking the impact of such gene proteins on the cell transcription apparatus and cyclins. These specific gene proteins act on the check points of the cell cycle to prevent or correct the aberrant gene protein signals impacting on the cyclins and check points.

It is estimated that the effective dosage of one or more N-substituted 2-(1H) pyridone(s) and/or N-substituted 3-(1H) pyridone(s) in practicing the present

invention is from about 250 to about 750 mg/kg of body weight per day, which dosage may be taken in the diet.

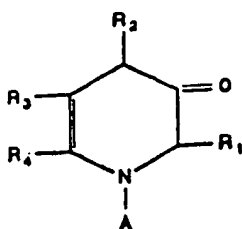
The general structural formula of N-substituted 2-(1H) pyridones is:

5



10 where: R1 is selected from the group consisting of (1) an alkyl group, with R3 hydrogen, and (2) hydrogen, with R3 consisting of an alkyl group; A is an aryl group; and R2 and R4 are hydrogen.

The general structural formula for the N-substituted
15 3-1(H) pyridones is:



20

where: R2 is selected from the group consisting of (1) an alkyl group, with R3 hydrogen, and (2) hydrogen, with R3 consisting of an alkyl group; A is an aryl group; and R1 and R4 are hydrogen.

25 Examples of the pyridone compounds which have been found or are believed to be effective in practicing the present invention include:

- 5-Methyl-1-phenyl-2-(1H) pyridone
- 5-Methyl-1-(3-nitrophenyl)-2-(1H) pyridone
- 30 5-Methyl-1-(4'-methoxyphenyl)-2-(1H) pyridone
- 5-Methyl-1-p-tolyl-2-(1H) pyridone
- 5-Methyl-1-(3'-trifluoromethylphenyl)-2-(1H)
pyridone
- 1-(4'Chlorophenyl)-5-methyl-2-(1H) pyridone
- 35 5-Methyl-1-(2'-naphthyl)-2-(1H) pyridone
- 5-Methyl-1-(1'-naphthyl)-2-(1H) pyridone

- 3-Methyl-1-phenyl-2-(1H) pyridone
6-Methyl-1-phenyl-2-(1H) pyridone
3,6-Dimethyl-1-phenyl-2-(1H) pyridone
5-Methyl-1-(2'-thienyl)-2-(1H) pyridone
5 1-(2'-Furyl)-5-methyl-2-(1H) pyridone
5-Methyl-1-(5'-quinolyl)-2-(1H) pyridone
5-Methyl-1-(4'-pyridyl)-2-(1H) pyridone
5-Methyl-1-(3'-pyridyl)-2-(1H) pyridone
5-Methyl-1-(2'-pyridyl)-2-(1H) pyridone
10 5-Methyl-1-(2'-quinolyl)-2-(1H) pyridone
5-Methyl-1-(4'-quinolyl)-2-(1H) pyridone
5-Methyl-1-(2'-thiazolyl)-2-(1H) pyridone
1-(2'-Imidazolyl)-5-methyl-2-(1H) pyridone
5-Ethyl-1-phenyl-2-(1H) pyridone
15 3-Ethyl-1-phenyl-2-(1H) pyridone
1-Phenyl-2-(1H) pyridone
1-(4'-Nitrophenyl)-2-(1H) pyridone
5-Methyl-3-phenyl-1-(2'-thienyl)-2-(1H) pyridone
5-Methyl-1-phenyl-3-(1H) pyridone
20 5-Methyl-1-(4'-methoxyphenyl)-3-(1H) pyridone
5-Methyl-1-p-tolyl-3-(1H) pyridone
1-(4'-Chlorophenyl)-5-methyl-3-(1H) pyridone
5-Methyl-1-(2'-naphthyl)-3-(1H) pyridone
4-Methyl-1-phenyl-3-(1H) pyridone
25 6-Methyl-1-pheyl-3-(1H) pyridone
5-Methyl-1-(2'-thienyl)-3-(1H) pyridone
1-(2'-Furyl)-5-methyl-3-(1H) pyridone
5-Methyl-1-(5'-quinolyl)-3-(1H) pyridone
5-Methyl-1-(3'-pyridyl)-3-(1H) pyridone
30 5-Methyl-1-(2'-pyridyl)-3-(1H) pyridone
5-Methyl-1-(2'-quinolyl)-3-(1H) pyridone
5-Ethyl-1-phenyl-3-(1H) pyridone
1-Phenyl-3-(1H) pyridone.

It will thus be seen that the objects set forth
35 above, among those elucidated in, or made apparent from,
the preceding description, are efficiently attained and,

since certain changes may be made in the above compositions and methods without departing from the scope of the invention, it is intended that all matter contained in the foregoing disclosure shall be interpreted as illustrative only and not in a limiting sense.

It is also to be understood that the following claims are intended to cover all of the generic and specific features of the invention herein described and all statements of the scope of the invention which, as a matter of language, might be said to fall therebetween.

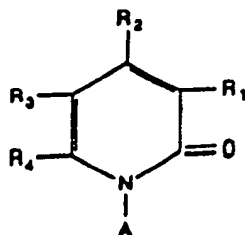
Claims

1. A method of treating lymphomas, leukemias, and/or leiomyomas in a laboratory animal or a human, comprising: administering to said laboratory animal or said human an effective dose of a composition including one or more pharmaceutical substances selected from the group consisting of N-substituted 2-(1H) pyridones, N-substituted 3-(1H) pyridones, and pharmaceutically acceptable salts thereof.

2. A method, as defined in Claim 1, wherein: said composition is administered orally or parenterally to said laboratory animal at a rate of from about 250 to about 750 mg/kg of body weight per day.

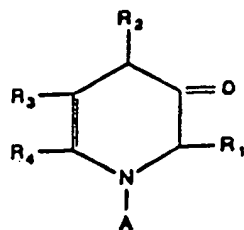
3. A method, as defined in Claim 1, wherein: said composition is administered orally or parenterally to a human at a rate of from about 20 to about 60 mg/kg of body weight per day.

4. A method, as defined in Claim 1, wherein: said N-substituted 2-(1H) pyridones have the following structural formula:



where: R1 is selected from the group consisting of (1) an alkyl group, with R3 hydrogen, and (2) hydrogen, with R3 consisting of an alkyl group; A is an aryl group; and R2 and R4 are hydrogen.

5. A method, as defined in Claim 1, wherein: said 3 (1) pyridones have the following structural formula:



where: R2 is selected from the group consisting of (1)an alkyl group, with R3 hydrogen, and (2) hydrogen, with R3 consisting of an alkyl group; A is an aryl group; and R1 and R4 are hydrogen.

6. A method, as defined in Claim 1, wherein: said 2-(1) pyridone(s) and said 3-(1H) pyridone are selected from the group consisting of: 5-Methyl-1-phenyl-2-(1H) pyridone, 5-Methyl-1-(3-nitrophenyl-2)-(1H) pyridone, 5-Methyl-1-(4'-methoxyphenyl)-2-(1H) pyridone, 5-Methyl-1-p-tolyl-2-(1H) pyridone, 5-Methyl-1-(3'-trifluoromethylphenyl)-2-(1H) pyridone, 1-4'Chlorophenyl)-5-methyl-2-(1H) pyridone, 5-Methyl-1-(2'-naphthyl)-2-(1H) pyridone, 5-Methyl-1-(1'-naphthyl)-2-(1H) pyridone, 3-Methyl-1-phenyl-2-(1H) pyridone, 6-Methyl-1-phenyl-2-(1H) pyridone, 3,6-Dimethyl-1-phenyl-2-(1H) pyridone, 5-Methyl-1-(2'thienyl)-2-(1H) pyridone, 1-(2'-Furyl)-5-methyl-2-(1H) pyridone, 5-Methyl-1-(5'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(4'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(3'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(2'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(2'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(4'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(2'-thiazolyl)-2-(1H) pyridone, 1-(2'-Imidazolyl)-5-methyl-2-(1H) pyridone, 5-Ethyl-1-phenyl-2-(1H) pyridone, 3-Ethyl-1-phenyl-2-(1H) pyridone, 1-Phenyl-2-(1H) pyridone, 1-(4'-Nitrophenyl)-2-(1H) pyridone, 5-Methyl-3-phenyl-1-(2'-thienyl)-2-(1H) pyridone, 5-Methyl-1-phenyl-3-(1H) pyridone, 5-Methyl-1-(4'-methoxyphenyl)-3-(1H) pyridone, 5-Methyl-1-p-tolyl-3-

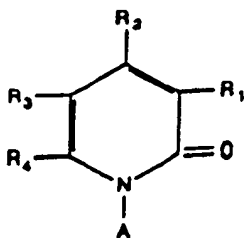
(1H) pyridone, 1-(4'-Chlorophenyl)-5-methyl-3-(1H) pyridone, 5-Methyl-1-(2'-naphthyl)-3-(1H) pyridone, 4-Methyl-1-phenyl-3-(1H) pyridone, 6-Methyl-1-phenyl-3-(1H) pyridone, 5-Methyl-1-(2'-thienyl)-3-(1H) pyridone, 1-(2'-Furyl)-5-methyl-3-(1H) pyridone, 5-Methyl-1-(5'-quinolyl)-3-(1H) pyridone, 5-Methyl-1-(3'-pyridyl)-3-(1H) pyridone, 5-Methyl-1-(2'-pyridyl)-3-(1H) pyridone, 5-Methyl-1-(2'-quinolyl)-3-(1H) pyridone, 5-Ethyl-1-phenyl-3-(1H) pyridone, and 1-Phenyl-3-(1H) pyridone.

7. A composition for treating lymphomas, leukemias, and/or leiomyomas in a laboratory animal or a human, comprising: an effective dose of a composition including one or more pharmaceutical substances selected from the group consisting of N-substituted 2-(1H) pyridones, N-substituted 3-(1H) pyridones, and pharmaceutically acceptable salts thereof.

8. A composition, as defined in Claim 7, wherein: said composition is provided in a form for administering orally or parenterally to said laboratory animal at a rate of from about 250 to about 750 mg/kg of body weight per day.

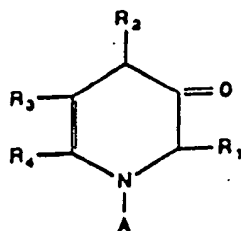
9. A composition, as defined in Claim 7, wherein: said composition is provided in a form for administering orally or parenterally to said human at a rate of from about 20 to about 60 mg/kg of body weight per day.

10. A composition, as defined in Claim 7, wherein: said N-substituted 2-(1H) pyridones have the following structural formula:



where: R1 is selected from the group consisting of (1)an alkyl group, with R3 hydrogen, and (2) hydrogen, with R3 consisting of an alkyl group; A is an aryl group; and R2 and R4 are hydrogen.

12. A composition, as defined in Claim 7, wherein: said 3-(1) pyridones have the following structural formula:



where: R2 is selected from the group consisting of (1)an alkyl group, with R3 hydrogen, and (2) hydrogen, with R3 consisting of an alkyl group; A is an aryl group; and R1 and R4 are hydrogen.

14. A composition, as defined in Claim 7, wherein: said 2-(1) pyridone(s) and said 3-(1H) pyridone are selected from the group consisting of: 5-Methyl-1-phenyl-2-(1H) pyridone, 5-Methyl-1-(3-nitrophenyl)-2-(1H) pyridone, 5-Methyl-1-(4'-methoxyphenyl)-2-(1H) pyridone, 5-Methyl-1-p-tolyl-2-(1H) pyridone, 5-Methyl-1-(3'-trifluoromethylphenyl)-2-(1H) pyridone, 1-(4'Chlorophenyl)-5-methyl-2-(1H) pyridone, 5-Methyl-1-(2'-naphthyl)-2-(1H) pyridone, 5-Methyl-1-(1'-naphthyl)-2-(1H) pyridone, 3-Methyl-1-phenyl-2-(1H) pyridone, 6-Methyl-1-phenyl-2-(1H) pyridone, 3,6-Dimethyl-1-phenyl-2-(1H) pyridone, 5-Methyl-1-(2'thienyl)-2-(1H) pyridone, 1-(2'-Furyl)-5-methyl-2-(1H) pyridone, 5-Methyl-1-(5'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(4'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(3'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(2'-pyridyl)-2-(1H) pyridone, 5-Methyl-1-(2'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(4'-quinolyl)-2-(1H) pyridone, 5-Methyl-1-(2'-thiazolyl)-2-(1H) pyridone,

1-(2'-Imidazolyl)-5-methyl-2-(1H) pyridone, 5-Ethyl-1-phenyl-2-(1H) 2pyridone, 3-Ethyl-1-phenyl-2-(1H) pyridone, 1-Phenyl-2-(1H) pyridone, 1-(4'-Nitrophenyl)-2-(1H) pyridone, 5-Methyl-3-phenyl-1-(2'-thienyl)-2-(1H) pyridone, 5-Methyl-1-phenyl-3-(1H) pyridone, 5-Methyl-1-(4'-methoxyphenyl)-3-(1H) pyridone, 5-Methyl-1-p-tolyl-3-(1H) pyridone, 1-(4'-Chlorophenyl)-5-methyl-3-(1H) pyridone, 5-Methyl-1-(2'-naphthyl)-3-(1H) pyridone, 4-Methyl-1-phenyl-3-(1H) pyridone, 6-Methyl-1-phenyl-3-(1H) pyridone, 5-Methyl-1-(2'-thienyl)-3-(1H) pyridone, 1-(2'-Furyl)-5-methyl-3-(1H) pyridone, 5-Methyl-1-(5'-quinolyl)-3-(1H) pyridone, 5-Methyl-1-(3'-pyridyl)-3-(1H) pyridone, 5-Methyl-1-(2'-pyridyl)-3-(1H) pyridone, 5-Methyl-1-(2'-quinolyl)-3-(1H) pyridone, 5-Ethyl-1-phenyl-3-(1H) pyridone, and 1-Phenyl-3-(1H) pyridone.

Inhibition by Pirfenidone of Proliferation of Human
Pro-Myelocytic Leukemia (HL-60) Cells

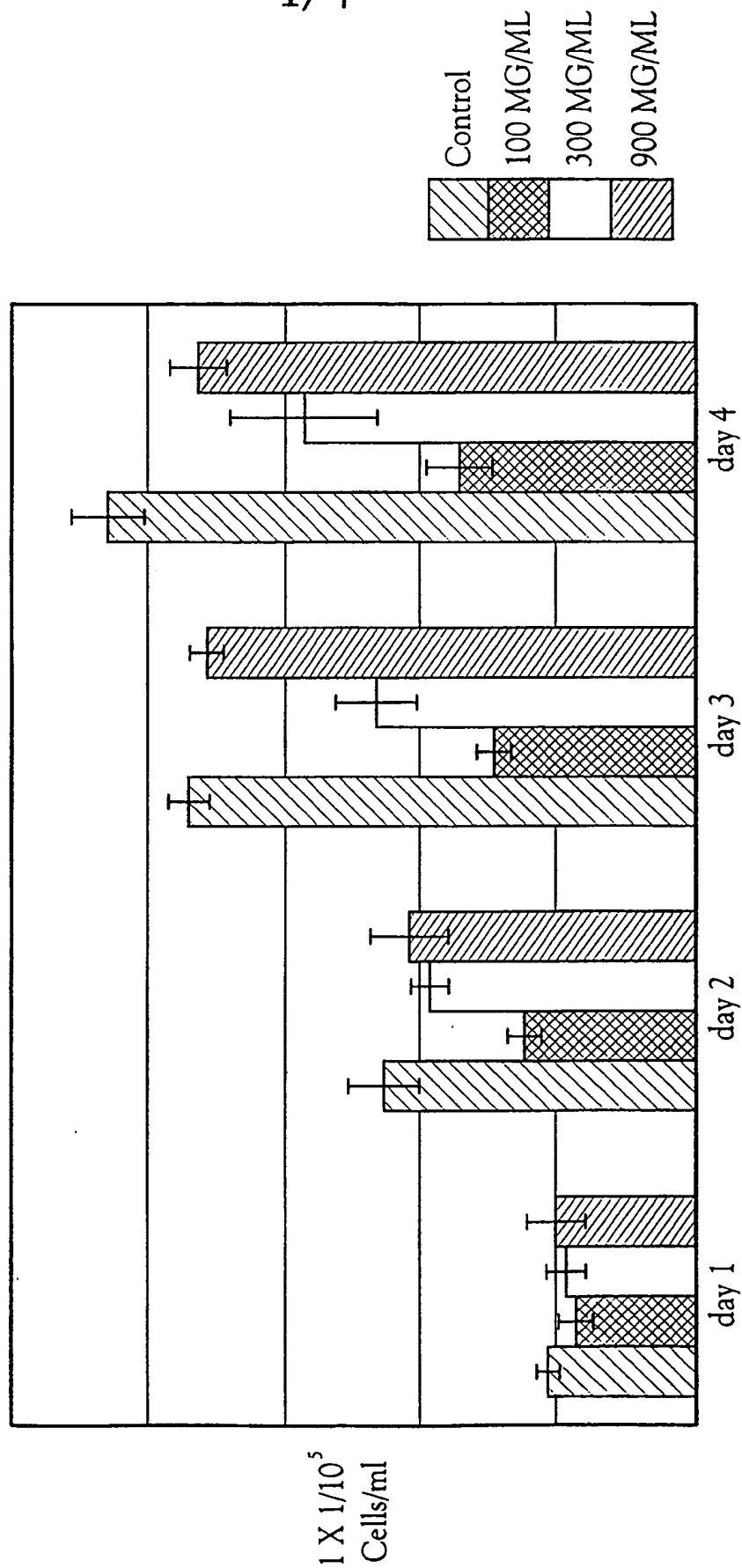


FIG. 1

2/4

Inhibition by Pirfenidone of Human
T-Cell (JURKAT) Leukemia Cells

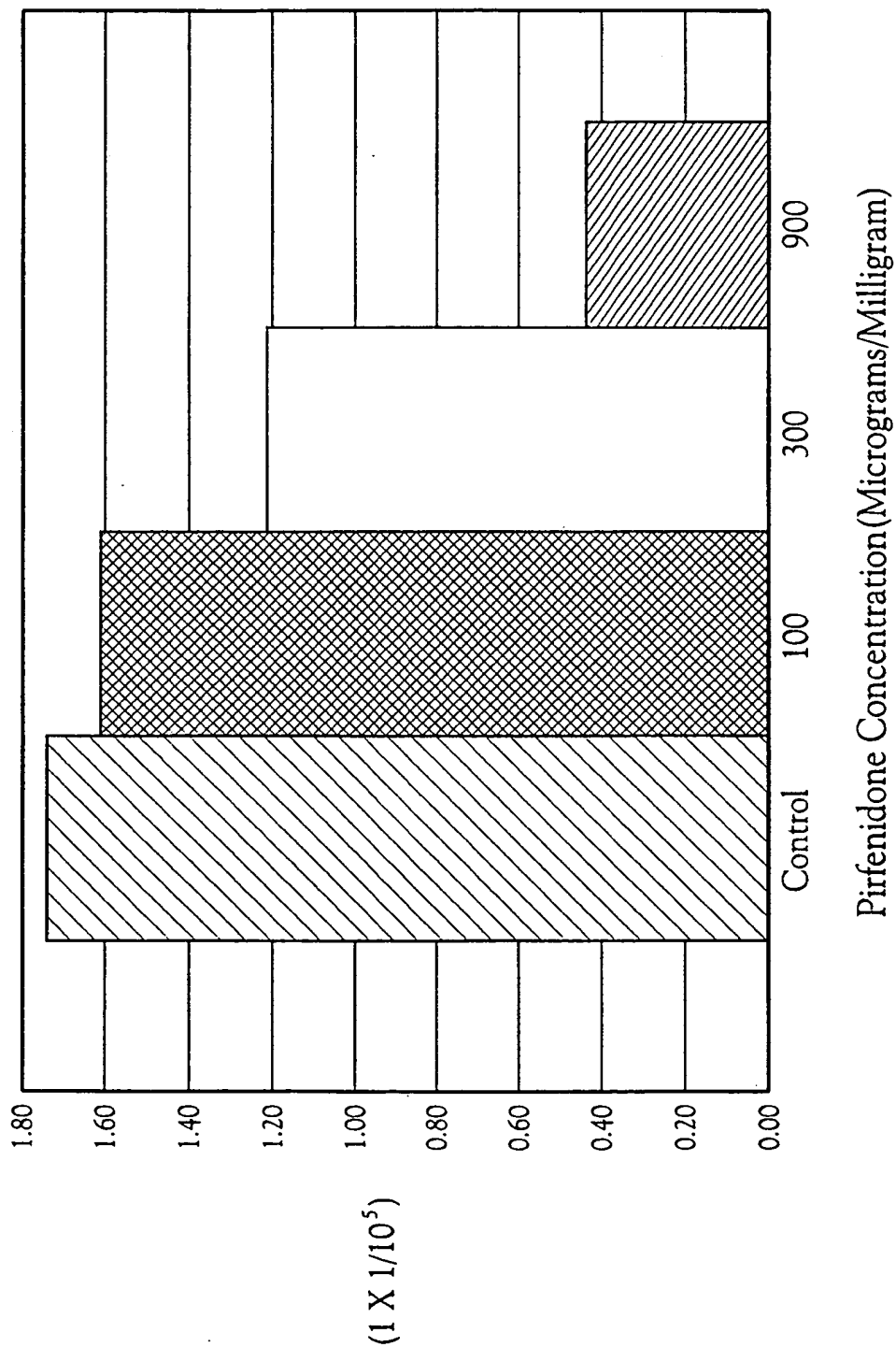


FIG. 2

3/4

Inhibition by Pirfenidone of Proliferation of
Human Burkitt's Lymphoma (RAJI) Cells

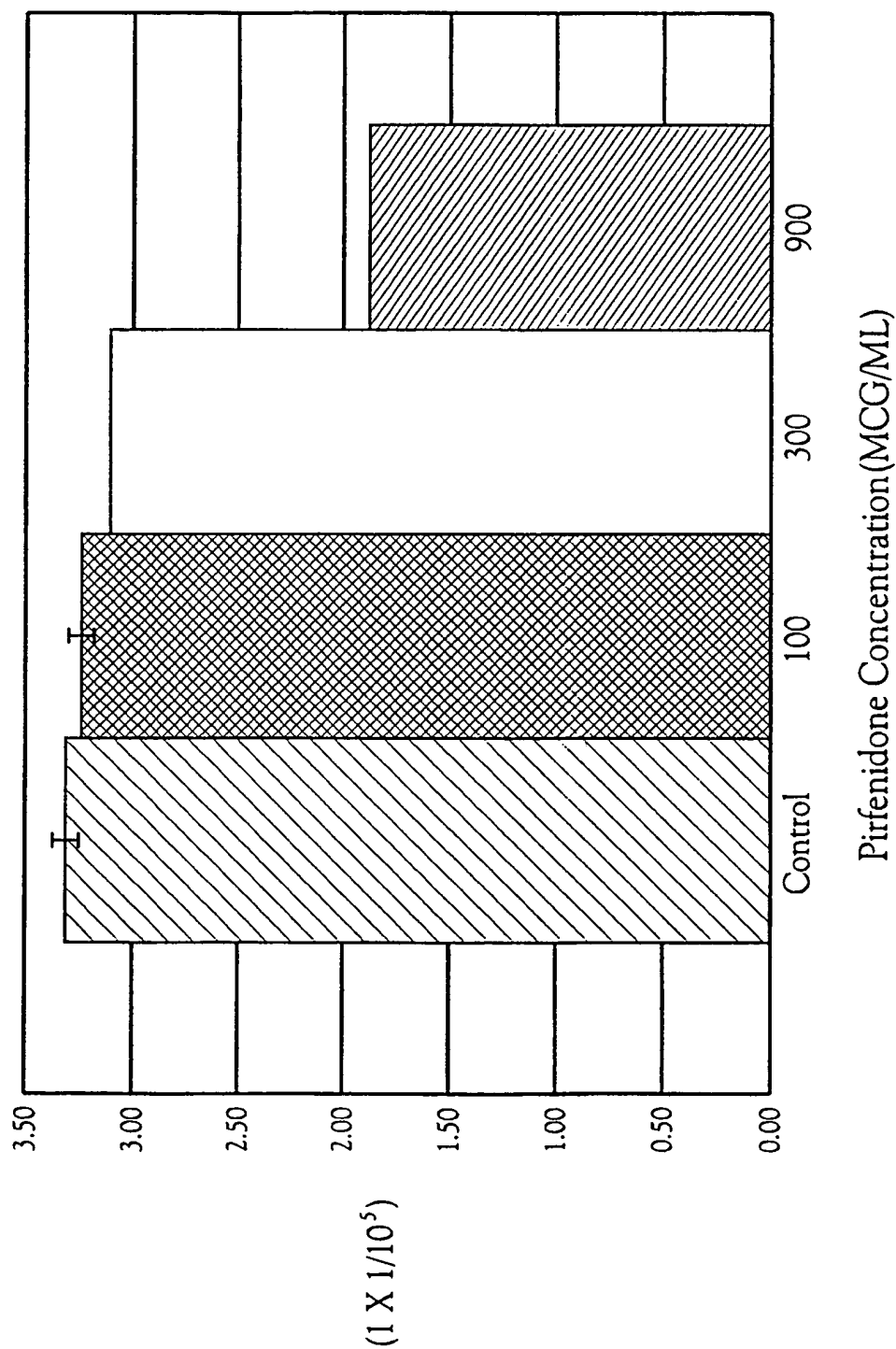
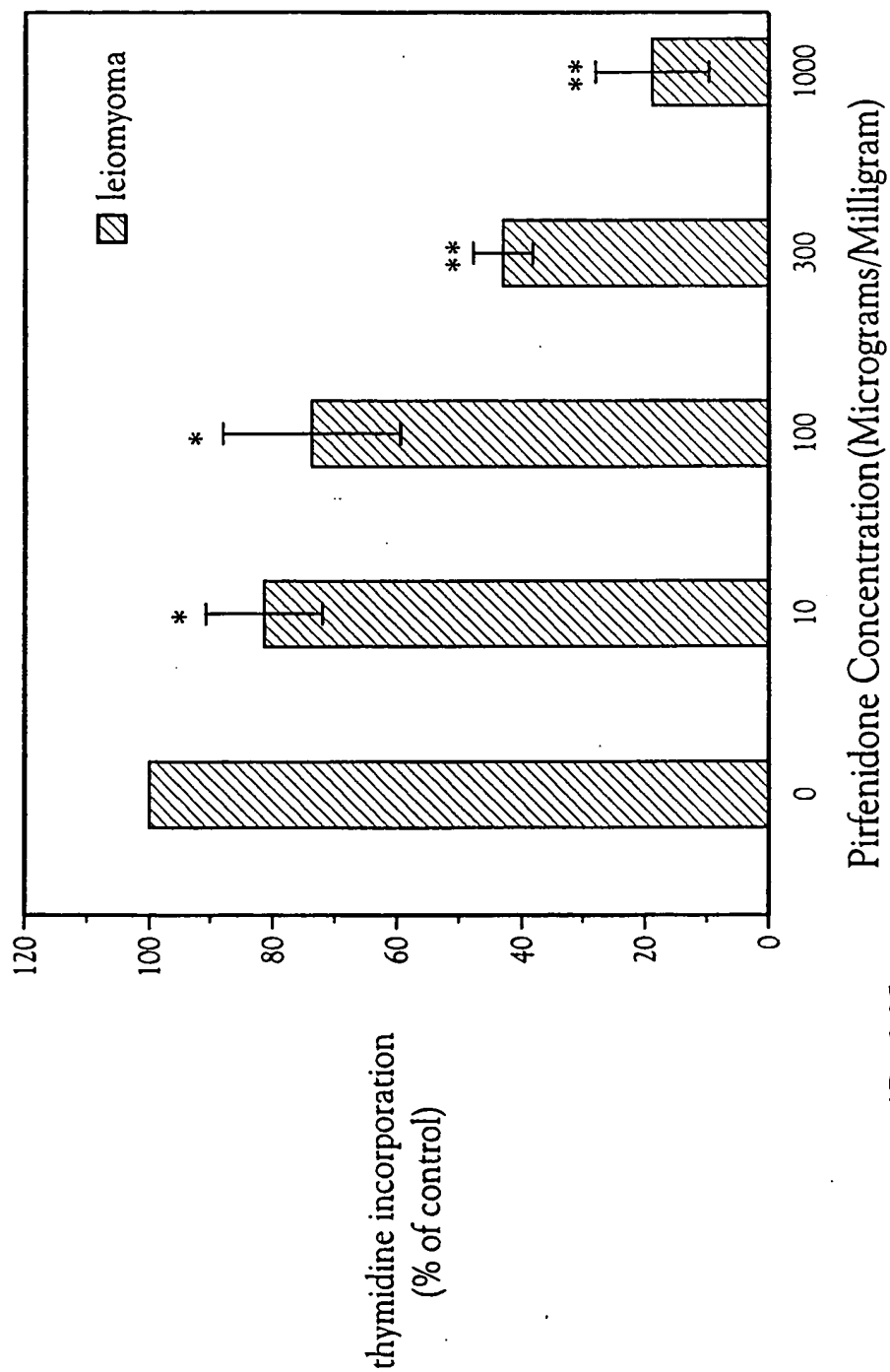


FIG. 3

4/4

Inhibition by Pirfenidone of Proliferation of Human Burkitt's Lymphoma (RAJI) Cells



*P<0.05

**P<0.01

FIG. 4

INTERNATIONAL SEARCH REPORT

 International application No.
 PCT/US00/01760

A. CLASSIFICATION OF SUBJECT MATTER

IPC(7) : A61K 31/47, 31/44

US CL : 514/314, 334, 336, 341, 342, 345

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 514/314, 334, 336, 341, 342, 345

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 3,839,346 A (GADEKAR) 01 October 1974, see entire document.	7-14



Further documents are listed in the continuation of Box C.



See patent family annex.

*

Special categories of cited documents:

T

later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

A

document defining the general state of the art which is not considered to be of particular relevance

X

document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

E

earlier document published on or after the international filing date

Y

document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

L

document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

P

document member of the same patent family

O

document referring to an oral disclosure, use, exhibition or other means

P

document published prior to the international filing date but later than the priority date claimed

Date of the actual completion of the international search

22 MAY 2000

Date of mailing of the international search report

13 JUN 2000

 Name and mailing address of the ISA/US
 Commissioner of Patents and Trademarks
 Box PCT
 Washington, D.C. 20231

Facsimile No. (703) 305-3230

Authorized officer

JEROME D. GOLDBERG

Telephone No. (703) 308-1235

BEST AVAILABLE COPY